Revision: HCFA-PM-91-4 (BPD)

August 1991

OMB No. 9838-

10

State: \_\_\_ Montana

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation

2.1 Application, Determination of Eligibility and Furnishing Medicaid

42 CFR 435.10 and Subpart J

The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and (a) furnishing Medicaid.

TN No. 92-01

Supersedes And The No. 75-23 Approval Date 12

Effective Date 10/01/91 HCFA ID: 7982E

Remision: HCFA-PM-93-2 (MB)

TN # <u>96-01</u>

Supersedes

State:		Montana
Citation 12 CFR 2.1 (b)	(1)	Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.
1902 (e) (8) and 1905 (a) of the Act	(2)	For individuals who are eligible for Medicare cost- sharing expenses as qualified Medicare beneficiaries under section 1902 (a) (10) (E) (i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
1902 (a) (47) and L <sup>c</sup> of the Act <u>x</u>	(3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
12 CFR 134.20 (c)		The Medicaid agency elects to enter into a risk contract with an HMO that is
		Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903 (m) (3) of the Social Security Act.
	_X_	Not Federally qualified, but meets the requirements of 42 CFR 434.20 (c) and is defined in <u>ATTACHMENT 2.1-A.</u>
		Not Applicable.

Approval Date 10/26/95 Effective Date 11/01/95

Revision: HCFA-PM-91-8 (MB)

October 1991

OMB No.

State/Territory:

Montana

Citation

1902(a)(55)
of the Act

2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

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